

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: GRANTOSA HOME (310715)

Address: 4265 N 104TH ST, MILWAUKEE, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 03/01/1999

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0096157 **End Date:** 12/15/2005 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008888 Served 01/17/2006

Deficiencies Cited

83.41(10)(a)

83.45(1)

Subject Area

BUILDING MAINTENANCE

ACCESSIBILITY

Compliance
Verified

Corrected

Survey ID: 0094832 **End Date:** 04/28/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CS (SEMIAMBULATORY)

Survey ID: 0091022 **End Date:** 08/08/2003 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008904 Served 09/29/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	12/15/2005	Yes
83.13(7)(a)9	TRAINING AND INSERVICE REQUIREMENTS	12/15/2002	Yes
83.14(1)(a)3	CLIENT GROUP SPECIFIC TRAINING	12/15/2005	Yes
83.14(1)(b)	NEED ASSESSMENT AND ISP	12/15/2005	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	12/15/2005	Yes
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	12/15/2005	Yes
83.35(5)(a)	FOOD STORAGE	12/15/2005	Yes
83.41(5)(a)5	BATHROOMS SHALL BE CLEAN	12/15/2005	Yes
83.42(1)	SAFETY-FACILITY EVACUATION TIME	12/15/2005	Yes
83.43(4)(b)2.e	COMPARTMENT IF MINIMUM LINTEL DEPTH	12/15/2005	Yes
83.43(7)(a)	SPRINKLER SYSTEMS	12/15/2005	Yes
83.45(1)	ACCESSIBILITY	12/15/2005	No

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CS (SEMIAMBULATORY)

Enforcement History

Date: 01/10/2006 **SOD #10008888** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---83.45(1)

Date: 09/23/2003 **SOD #10008904** **Appealed: Yes** **Decision: DISMISSED**

Sanctions

PROVIDE TRAINING
FORFEITURE---83.11(3)(a)
FORFEITURE---83.13(7)(a)9
FORFEITURE---83.14(1)(a)3
FORFEITURE---83.14(1)(b)
FORFEITURE---83.14(1)(d)
FORFEITURE---83.43(4)(b)2.e
FORFEITURE---83.43(7)(a)

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CS (SEMIAMBULATORY)

Complaint History

Date Complaint Received: 03/27/2006

Date Investigation Completed: 06/08/2006

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS

Result

SUBSTANTIATED

SOD #

10011869

Date Complaint Received: 10/12/2005

Date Investigation Completed: 12/15/2005

Subject Area(s)

SUPERVISION

RESIDENT RIGHTS

MEDICATIONS

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/04/2005

Date Investigation Completed: 04/28/2005

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

NOT SUBSTANTIATED

SOD #

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.